

## Application or Docket Number

10/816060

(Column 2)

**MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))**

\* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II

**FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))**

TOTAL	
ADD'L FEE	

OR

OR

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)).

TOTAL  
ADD'L FEE

OR

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

“ If the “Highest Number Previously Paid For” IN THIS SPACE Is less than 20, enter “20”.

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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